

FIG. 1

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EMPLOYEE FEEDBACK CATEGORIES/SUB-CATEGORIES

FIG. 2A

LEVEL 1	LEVEL 2	LEVEL 3
ENVIRONMENT	TRAVEL WORKING HOURS WORK AREA FACILITIES/AMMENITIES CULTURE ORGANIZATIONAL STRUCTURE OTHER	ACOUSTICS SPACE/ACCOMMODATIONS EQUIPMENT DECOR TELECOMMUTING OTHER FITNESS CENTER ATM LUNCH ROOM PARKING SECURITY OTHER ENTREPRENEURIAL BUREAUCRATIC AUTHORITATIVE PROFESSIONAL TEAM-ORIENTED OTHER CURRENT REORGANIZATION STAFFING REQUIREMENTS OTHER
CORPORATE COMMUNICATIONS	FREQUENCY QUALITY FLOW THROUGH ORGANIZATION CONFLICT MANAGEMENT OTHER	
PRODUCTS & SERVICE OFFERINGS	SUGGESTIONS IMPROVEMENTS IDEAS COST-SAVINGS SUGGESTIONS PROCESS/PROCEDURAL OTHER	
PERSONNEL VALUE	BALANCE/QUALITY OF LIFE APPRECIATION RESPECT INTERPERSONAL INTERACTIONS W/ MANAGEMENT RANKS-DIRECT OR INDIRECT REPORTING (ALL LEVELS) OTHER	

A

B

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IG.2B

A	<p>BENEFITS</p> <p>GENERAL BENEFITS</p> <p>VACATION SICK/PERSONAL TIME BEREAVEMENT MATERNITY/PATERNITY LEAVE FMLA HEALTH/MEDICAL INSURANCE DEPENDENTS LIFE INSURANCE VISION INSURANCE DENTAL INSURANCE SHORT-TERM-DISABILITY PSYCHOLOGICAL SERVICES 401K/IRA PROFIT SHARING STOCK OPTIONS PENSION PLAN OTHER</p> <p>DISTINCT BENEFITS</p> <p>CLUB MEMBERSHIPS DISCOUNTS ADOPTIONS ASSISTANCE ALTERNATIVE SICK DAYS DAY CARE OTHER</p> <p>EVENTS & ACTIVITIES</p> <p>VOLUNTEER WORK CHARITABLE ORGANIZATIONS EXTRACURRICULAR ACTIVITIES COMPANY SPONSORSHIPS OTHER</p> <p>OTHER</p>	<p>OVERALL</p> <p>VACATION SICK/PERSONAL TIME BEREAVEMENT MATERNITY/PATERNITY LEAVE FMLA HEALTH/MEDICAL INSURANCE DEPENDENTS LIFE INSURANCE VISION INSURANCE DENTAL INSURANCE SHORT-TERM-DISABILITY PSYCHOLOGICAL SERVICES 401K/IRA PROFIT SHARING STOCK OPTIONS PENSION PLAN OTHER</p> <p>CLUB MEMBERSHIPS DISCOUNTS ADOPTIONS ASSISTANCE ALTERNATIVE SICK DAYS DAY CARE OTHER</p> <p>VOLUNTEER WORK CHARITABLE ORGANIZATIONS EXTRACURRICULAR ACTIVITIES COMPANY SPONSORSHIPS OTHER</p>	B
	<p>CAREER DEVELOPMENT</p> <p>TRAINING</p> <p>MENTORING FORMAL EDUCATION IN-HOUSE TRAINING SEMINARS/CONFERENCES OTHER</p> <p>ADMINISTRATION</p> <p>EVALUATIONS ORIENTATIONS COMPENSATION GROWTH OPPORTUNITIES OTHER</p> <p>OTHER</p>	<p>MENTORING</p> <p>FORMAL EDUCATION IN-HOUSE TRAINING SEMINARS/CONFERENCES OTHER</p> <p>EVALUATIONS</p> <p>ORIENTATIONS COMPENSATION GROWTH OPPORTUNITIES OTHER</p>	

MAIN MENU			
EMPLOYEE FEEDBACK	LETTER	SURVEY	RATING REPORT
CONSUMER FEEDBACK	LETTER	RATING REPORT	
CONSUMER/EMPLOYEE RATING REPORTS			
EMPLOYEE FEEDBACK SURVEY RESULTS			

FIG.3

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COMPOSING AN EMPLOYEE LETTER	
* LETTER FEEDBACK TYPE	V
* INDUSTRY	V
* COMPANY NAME	V
* COMPANY WEB ADDRESS	V
EMPLOYEE NAME	V
EMPLOYEE E-MAIL	V
* CITY/STATE	V
REGISTERED USERS: LOG IN HERE!	
E-MAIL ADDRESS:	
PASSWORD:	
*(NOTE: AOL USERS: BE SURE TO INCLUDE @AOL.COM)	
UNREGISTERED USERS: REGISTER HERE:	
E-MAIL ADDRESS:	
*(NOTE: AOL USERS: BE SURE TO INCLUDE @AOL.COM)	
SET PASSWORD	
PASSWORD:	
CONFIRM PASSWORD:	
BACK	
CONTINUE	

FIG. 4A

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COMPOSING AN EMPLOYEE LETTER

LETTER FEEDBACK TYPE: CARRIED OVER AUTOMATICALLYINDUSTRY: CARRIED OVER AUTOMATICALLYCOMPANY CONTACT NAME: CARRIED OVER AUTOMATICALLYCOMPANY ADDRESS: CARRIED OVER AUTOMATICALLY*

FEEDBACK CATEGORY	V
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*

SUB-CATEGORY 1	V
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*

SUB-CATEGORY 2	V
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TAKE YOUR TEMPERATURE WITH THE FOLLOWING QUESTIONS!

OVERALL COMPANY SATISFACTION:

☐ VERY SATISFIED
 ☐ SOMEWHAT SATISFIED
 ☐ NEUTRAL
 ☐ SOMEWHAT DISSATISFIED
 ☐ VERY DISSATISFIED

WOULD THIS EXPERIENCE CAUSE YOU TO LOOK FOR ANOTHER JOB?

☐ DEFINITELY
 ☐ PROBABLY
 ☐ POSSIBLE
 ☐ PROBABLY NOT
 ☐ DEFINITELY NOT

INTENT TO TELL OTHERS:

☐ DEFINITELY
 ☐ PROBABLY
 ☐ POSSIBLE
 ☐ PROBABLY NOT
 ☐ DEFINITELY NOT

BACK

CONTINUE

FIG. 4B

(DATE)
 (COMPANY CONTACT NAME)
 (COMPANY NAME)
 (COMPANY ADDRESS)
 (CITY, STATE, ZIP)
 (SALUTATION)

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COMPOSING YOUR ACKNOWLEDGMENT LETTER

I AM WRITING TO ACKNOWLEDGE THE AREA OF (FEEDBACK CATEGORY), SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). ALLOW ME TO RE-COUNT MY POSITIVE EXPERIENCE WHICH HAS LED ME TO SEND THIS LETTER OF ACKNOWLEDGMENT .

(TYPE HERE)

INCLUDE NAME(S), DEPARTMENT, PRODUCT, SERVICE, PROCESS ETC.
 INCLUDE DATE(S) OF OCCURRENCE TELL THEM SPECIFICS ABOUT
 YOUR POSITIVE EXPERIENCE !

(250 MAXIMUM
CHARACTER LENGTH)

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

HERE'S YOUR CHANCE TO NOMINATE SOMEONE FOR AN AWARD,
 SIMPLY A STATEMENT OF RECOGNITION OR JUST TO KEEPING' ON
 WITH A PROCESS, PROCEDURE ETC.

(250 MAXIMUM
CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER).
 IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I
 (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE

COMPLIMENTARY CLOSE ☒

☐ I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG.5

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(DATE)

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COMPOSING YOUR
LETTER OF CONCERN

(COMPANY CONTACT NAME)

(COMPANY NAME)

(COMPANY ADDRESS)

(CITY, STATE, ZIP)

(SALUTATION)

I AM WRITING TO EXPRESS A CONCERN I HAVE IN THE AREA OF (FEEDBACK CATEGORY) WITH YOUR COMPANY, SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). ALLOW ME TO RE-COUNT THE EVENTS SURROUNDING MY CONCERN WHICH HAS PROMPTED ME TO WRITE THIS LETTER.

(TYPE HERE)

TELL THEM YOUR CONCERN. INCLUDE SPECIFICS.
BE CONSTRUCTIVE!

(250 MAXIMUM
CHARACTER LENGTH)

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

PROVIDE THEM A POSITIVE ALTERNATIVE SOLUTION TOWARDS
YOUR CONCERN.

(250 MAXIMUM
CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER). IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE

COMPLIMENTARY CLOSE ☒☐ I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG.6

(DATE)
 (COMPANY CONTACT NAME)
 (COMPANY NAME)
 (COMPANY ADDRESS)
 (CITY, STATE, ZIP)
 (SALUTATION)

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COMPOSING YOUR RECOMMENDATION LETTER

I AM WRITING TO OFFER A RECOMMENDATION IN THE AREA OF (FEEDBACK CATEGORY), SPECIFICALLY RELATED TO (SUB-CATEGORY 1) SUB-CATEGORY 2). ALLOW ME TO RE-COUNT MY EXPERIENCE WHICH HAS LED ME TO SEND THIS LETTER OF RECOMMENDATION.

(TYPE HERE)

INCLUDE NAME(S), TITLES(S), DEPARTMENT, PRODUCT, SERVICE, PROCESS ETC.

INCLUDE DATES IF APPLICABLE. BE SPECIFIC!

(250 MAXIMUM
CHARACTER LENGTH)

AS A RESULT OF THIS ENCOUNTER, I WOULD LIKE TO SUGGEST/RECOMMEND

(TYPE HERE)

HERE'S YOUR CHANCE TO MAKE A DIFFERENCE WITHIN YOUR COMPANY - TAKE ADVANTAGE OF IT!

BE SPECIFIC, AND OFFER MORE THAN ONE RECOMMENDATION IF YOU CAN.

(250 MAXIMUM
CHARACTER LENGTH)

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER). IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO SHARE MY EXPERIENCE, AND OFFER MY RECOMMENDATION.

COMPLIMENTARY CLOSE ☒

☐ I WANT THE FOLLOWING INFORMATION TO APPEAR IN MY LETTER

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG. 7

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(DATE)
 (COMPANY CONTACT NAME)
 (COMPANY NAME)
 (COMPANY ADDRESS)
 (CITY, STATE, ZIP)
 (SALUTATION)

COMPOSING YOUR
 INQUIRY LETTER

I AM WRITING ABOUT AN INJURY THAT I HAVE IN THE AREA OF (FEEDBACK CATEGORY) WITHIN YOUR COMPANY, SPECIFICALLY RELATED TO (SUB-CATEGORY 1)(SUB-CATEGORY 2). AS A RESULT OF MY INTEREST, ALLOW ME TO PROVIDE SOME DETAIL SURROUNDING MY INQUIRY:

(TYPE HERE)	(250 MAXIMUM CHARACTER LENGTH)
DO YOU HAVE AN EXPERIENCE OR SITUATION THAT HAS LED YOU TO YOUR INQUIRY/QUESTION? IF SO, BACKGROUND INFORMATION IS USUALLY HELPFUL. DON'T LEAVE 'EM GUESSING.	
WHERE DID THIS QUESTION COME FROM?	

AND / OR

(TYPE HERE)	(250 MAXIMUM CHARACTER LENGTH)
TYPE YOUR INQUIRY/QUESTION HERE	

BASED ON THIS EXPERIENCE, I RATE MY OVERALL COMPANY SATISFACTION AS (CARRY OVER). IN ADDITION, THIS EXPERIENCE WILL (CARRY OVER) CAUSE ME TO LOOK FOR A NEW JOB. I (CARRY OVER) INTEND TO TELL OTHERS ABOUT MY EXPERIENCE.

THANK YOU FOR THIS OPPORTUNITY TO INQUIRE WITHIN YOUR COMPANY:

COMPLIMENTARY CLOSE

*THE FOLLOWING INFORMATION MUST BE INCLUDED IN LETTER IN ORDER TO RECEIVE AN ANSWER TO YOUR INQUIRY.

FIRST NAME:

LAST NAME:

ADDRESS 1:

ADDRESS 2:

CITY:

STATE :

ZIP:

FIG.8

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11/20

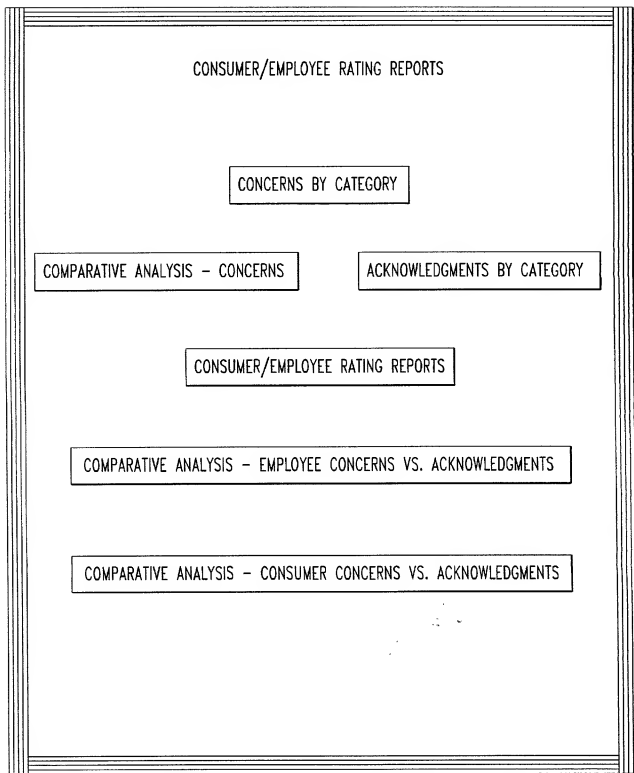


FIG. 9

A

FIG. 9A

B

COMPANY NAME	PRIMARY BUSINESS	WEBB ADDRESS	# EMPLOYEES	TURNOVER	FREQUENCY QUALITY, FLOW THRU ORGANIZATION
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)
ENTEX SERVICES	IT OUTSOURCES	www.entex.com	4000	20%	(3) (14)
HEWLETT PACKARD	COMPUTER	www.hp.com	1600	11%	(3) (14)

FIG. 9C

E
$$F$$

FIG. 9D

EMPLOYEE FEEDBACK SURVEY 16/20

GENERAL INFORMATION

FIRST NAME (OPTIONAL): _____ LAST NAME (OPTIONAL): _____

*INDUSTRY: _____

*COMPANY NAME: _____

*COMPANY WEB ADDRESS: _____

*REGION/AREA: _____

*DEPARTMENT: _____

*MANAGER NAME: _____

*CITY: _____

*STATE: _____

NOTE: ALL FIELDS DENOTED WITH AN ASTERISK (*) ARE REQUIRED FIELDS

☐ CHECK THIS BOX IF YOU WISH TO SELECT AND COMPLETE ALL SURVEY CATEGORIES AND SUB-CATEGORIES

☐ ENVIRONMENT
☐ TRAVEL

HOW OFTEN DO YOU TRAVEL?

☐ 0% - 10%

☐ 10% - 25%

☐ 25% - 50%

☐ 50% - 75%

☐ 75% - 100%

I WOULD PREFER TO TRAVEL...(WHAT PERCENTAGE OF TIME?)

☐ 0% - 10%

☐ 10% - 25%

☐ 25% - 50%

☐ 50% - 75%

☐ 75% - 100%

THE DISTANCE I MOST FREQUENTLY TRAVEL...

☐ WITHIN A 50-MILE RADIUS

☐ NEIGHBORING STATES (WITHIN A 500-MILE RADIUS)

☐ ACROSS MANY STATES (2000-3500 MILES)

☐ INTERNATIONALLY

I WOULD PREFER TO TRAVEL...(WHAT DISTANCE?)

☐ WITHIN A 50-MILE RADIUS

☐ NEIGHBORING STATES (WITHIN A 500-MILE RADIUS)

☐ ACROSS MANY STATES (2000-3500 MILES)

☐ INTERNATIONALLY

TRAVEL EXPENDITURES ARE REIMBURSED...(WHAT TIMEFRAME)

☐ I AM NEVER REIMBURSED

☐ BY WAY OF SLOW BOAT FROM CHINA (60 - 90 DAYS)

☐ SLOWLY (6 WEEKS)

☐ JUST OKAY (3 - 4 WEEKS)

☐ SOMEWHAT QUICK (2 - 3 WEEKS)

☐ AS FAST AS A SPEEDING BULLET (WITHIN 1 - 2 WEEKS)

☐ I RECEIVE CASH ADVANCES

FIG.10

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ABC COMPANY	TIMEFRAME: JAN-MAR '00	
# OF RESPONDENTS: 2532		
CATEGORY	SUB-CATEGORY 1	SUB-CATEGORY 2
ENVIRONMENT		
	TRAVEL	
	WORKING HOURS	
	WORK AREA	
		ACOUSTICS
		SPACE/ACCOMMODATIONS
		EQUIPMENT
		DECOR
		TELECOMMUTING/HOME OFFICE
		OTHER
	FACILITIES/AMMENITIES	
		FITNESS CENTER
		ATM
		LUNCH ROOM
		PARKING
		SECURITY
		OTHER
	CULTURE	
		ENTREPRENEURIAL
		BUREAUCRATIC
		AUTHORITATIVE
		PROFESSIONAL
		TEAM-ORIENTED
		OTHER
	ORGANIZATIONAL STRUCTURE	
		CURRENT
		REORGANIZATION
		STAFFING REQUIREMENTS
		OTHER
CORPORATE COMMUNICATION		
	FREQUENCY	
	QUALITY	
	FLOW THROUGH ORGANIZATION	
	CONFLICT MANAGEMENT	
	OTHER	
PRODUCTS & SERVICES OFFERINGS		
	SUGGESTIONS	
	IMPROVEMENTS	
	IDEAS	
	COST-SAVING SUGGESTIONS	
	PROCESS/PROCEDURAL	
	OTHER	

FIG.11A

B

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FIG. 11B

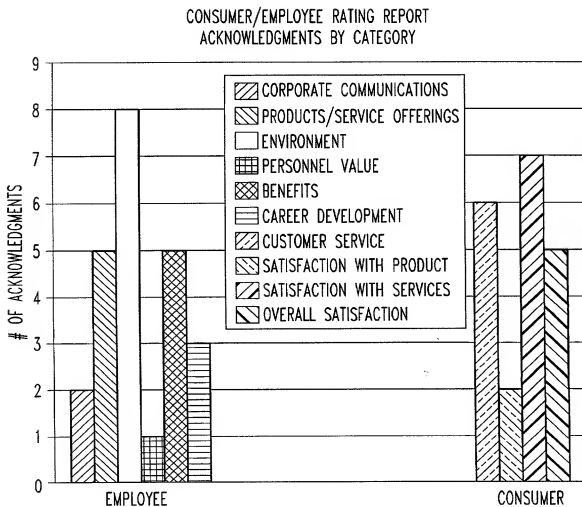


FIG.12

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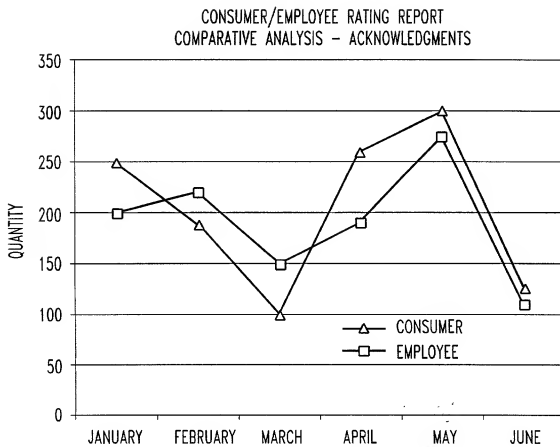


FIG.13